

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 6-26-01.
- b. The request was received on 6-21-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA 1500s
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. EOBs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 7-24-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 7-24-02. The response from the insurance carrier was received in the Division on 8-5-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Position statement taken from Table of Disputed Services:
 “___ provided healthcare to (claimant) reasonably required by the nature of the injury that cured or relieved the effects naturally resulting from the compensable injury, promoted recovery, and/or enhanced the ability of (Claimant) to return to or retain employment.”
2. Respondent: Letter dated 8-5-02:
 “Upon review of the medical dispute that was filed, the (Carrier) found that the requestor submitted billing for date of service 06/26/01 in the amount of \$2,425.34 for CPT Codes 95900-27, 95904-27, 95935-27 and 95925-27. Reimbursement was issued to the requestor on 09/14/01 in the amount of \$375.90...Therefore, based on the rationale that payment was made per the Medical Fee Guideline the (Carrier) respectfully requests the Commission deem that a dispute does not exist.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 6-26-01.
2. The Carrier has denied the disputed services as reflected on the EOBs as, “F1 – Reduction According to Fee Guideline. Charges exceeds the scheduled maximum allowance per the Medical Fee Guideline”; “D – Duplicate Charge”; “O – Upon review of your request for reconsideration, no additional benefits is recommended at this time.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
6-26-01	95900-TC-27	\$800.00	\$89.60	F1, D, O	\$64.00 each nerve	MFG; Medicine Ground Rules (IV) (D); CPT Descriptor	<p>A charge of \$800.00 would reflect that 12.5 nerves were tested. Documentation does not support the billed charge.</p> <p>The report reflected that the peroneal and tibial nerves were tested as well as the plantar nerve. Without the actual test to verify any additional nerves that may have been tested, a recommendation of reimbursement for three nerves can be made.</p> <p>Therefore additional reimbursement is recommended in the amount of \$44.80. (\$64.00 x 3 nerves = \$192.00 x 70% technical component = \$134.40- \$89.60 already pd = a balance of \$44.80.)</p>

6-26-01	95904-TC-27	\$365.34	\$89.60	F1, D, O	\$64.00 each nerve	MFG; Medicine Ground Rules (IV) (D); CPT Descriptor	<p>A charge of \$365.34 would reflect that 5.8 nerves were tested. Documentation does not support the billed charge.</p> <p>The report reflected that the Sural nerve was tested along with other nerves. However the additional nerves were not listed in the findings section of the report. Without the actual test to verify any additional nerves that may have been tested, a recommendation of reimbursement for only one nerve can be made.</p> <p>Therefore no additional reimbursement is recommended.</p>
6-26-02	95935-TC-27	\$600.00	\$74.20	F1, D, O	\$53.00 max of 6	MFG; Medicine Ground Rules (IV) (B); CPT Descriptor	<p>Documentation does not support the billed charges.</p> <p>The NCS/SSEP report reflects that Left H and bilateral F studies were done on the peroneal nerve. The MFG allows \$53.00 per extremity with a max of 6. For F studies, separate reimbursement per extremity shall be allowed only if the compensable area affects both extremities. The reviewer is unable to ascertain that both extremities are part of the compensable injury. Therefore, reimbursement can only be recommended for 2 studies. (\$53.00 x 2 = \$106.00 x 70% = 74.20.)</p> <p>No additional reimbursement is recommended.</p>
6-26-01	95925-TC-27	\$660.00	\$122.50	F1,D,O	\$175.00 one or more nerves	MFG; Medicine Ground Rules (IV) (D); CPT Descriptor	<p>A charge of \$660.00 was noted. CPT Code 95925 is utilized when billing for SSEP testing. <u>This test is reimbursed at \$175.00 for one or more nerves.</u></p> <p>The NCS/SSEP report reflects, "The Peripheral and central peak and interpeak latencies were normal without significant asymmetry." Calculations reflect that reimbursement has been applied pursuant to the MFG. (\$175.00 x 70% technical component = \$122.50.)</p> <p>No additional reimbursement is recommended.</p>
Totals		\$2,425.34	\$375.90				The Requestor is entitled to reimbursement in the amount of \$44.80.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$44.80** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 26th day of November 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division
LL/ll